

	OFFICE OF MARINE AND AVIATION OPERATIONS	POLICY 1008	VERSION 5.0
		EFFECTIVE DATE 6/13/2022	
	AUTHORIZED BY:  RADM Nancy Hann, NOAA Director, Office of Marine and Aviation Operations	REVIEW DATE 6/13/2027	
		RESPONSIBLE POSITION Director, Office of Health Services	

TUBERCULOSIS PROTECTION PROGRAM

1. PURPOSE

- 1.1 This policy provides guidance for the prevention of tuberculosis (TB) infection by identifying active and latent *Mycobacterium tuberculosis* infection in personnel seeking clearance to sail, fly, or dive on or with National Oceanic and Atmospheric Administration (NOAA) assets.
- 1.2 This version includes the following:
- (A) Clarifies requirements of annual screening and testing for non-crew members that are sailing (scientists, contractors, volunteers, etc.) in sections 3.3(C) and 3.4(B).
 - (B) Eliminates annual screening or testing for holders of FAA medical certificate in sections 3.3(D) and 3.4(C).
 - (C) Implements periodic TB risk screening with initial TST or IGRA test for all sailing, flying, or diving personnel.

2. SCOPE

This policy applies to all personnel needing medical clearance to sail, fly, or dive with NOAA assets.

3. POLICY

- 3.1 NOAA's Office of Marine and Aviation Operations (OMAO) complies with Centers for Disease Control and Prevention (CDC) recommendations for screening and prophylactic treatment of latent TB infection (LTBI) and treatment for active TB.
- 3.2 The NOAA Office of Health Services (OHS) will not medically clear personnel to sail, fly, or dive if they are not compliant with CDC's TB screening or treatment recommendations.
- 3.3 **Testing Requirements for Active and Latent TB Infection**
- (A) Testing for active and latent TB is conducted by using either a tuberculosis skin test (TST), interferon gamma release assay (IGRA) blood test, or a chest radiograph (chest X-ray, two views), unless otherwise contraindicated.
 - (B) For pre-employment physicals, all NOAA Corps officers, professional mariners, electronics technicians (ETs), and other crew members seeking clearance to sail overnight, fly, or dive on or with NOAA assets are tested for TB unless previous TB infection is documented.

- (C) All sailing non-crew members (scientists, volunteers, contractors, etc) seeking clearance to sail (overnight), fly, or dive on or with NOAA assets are not required to test annually for TB but need to complete NF 52-10-02 in lieu of testing.
- (D) Aircraft Operations Center (AOC) civilian air and flight crew members are not required to test (or screen) if they hold a valid Federal Aviation Administration (FAA) medical certificate.

3.4 Screening Requirement

- (A) All professional mariners, ETs, and NOAA Corps officers, must complete the Tuberculosis Risk Screening form annually or they will not be medically cleared for duty to sail, fly or dive. A medical officer reviews NF 57-10-02 and refers the individual to additional LTBI testing and primary care, if applicable.
- (B) All sailing non-crew members (scientists, volunteers, contractors, etc.) must complete the Tuberculosis Risk Screening form (annually) or they will not be medically cleared, initial testing is not required. A medical officer reviews the form and refers the individual for additional LTBI testing and primary care if applicable.
- (C) AOC civilian air and civilian flight crew members are not required to screen (or test) if they hold a valid FAA medical certificate. An aeromedical officer must screen AOC visitors scheduled to fly greater than one month within a six month timespan.
- (D) NOAA Forms (NF) 57-10-02 - *Tuberculosis Screening Document* and/or the NF 57-10-01 - *NOAA Health Services Questionnaire (NHSQ)* are used for TB screening.

3.5 New Positive TST or IGRA Results

- (A) Medical personnel will refer anyone with a positive TB test result to their primary care provider.
- (B) If medical personnel suspect an individual has active TB, the individual must complete the prescribed treatment before medical personnel can clear them for duty.
- (C) Treatment is recommended for all persons diagnosed with LTBI, unless medically contraindicated. If the infected individual's primary care provider decides that treatment is not medically necessary, that provider must submit documentation to the appropriate OMAO medicine branch. If periodic lab testing is required during LTBI treatment, medical personnel will declare that individual temporarily unfit for sea duty until treatment has been completed. [NOTE: Persons with LTBI cannot spread TB to others].

3.6 Previous Positive TST or IGRA Result

- (A) Individuals with a history of active TB, a positive TST or IGRA result, or previous treatment for LTBI must provide all TB-related documentation (i.e., clinical evaluations, hospitalization records, diagnoses, treatments, or a physician's statement on letterhead stationery) to their OMAO medicine branch. Medical officers are responsible for documenting that in the individual's medical record. If documentation is unavailable, medical personnel must test for LTBI.
- (B) If a person reports a medical history of a positive IGRA or TST results, but treatment for TB was not documented, medical personnel will perform an IGRA or TST (see below for Bacillus Calmette Guérin [BCG] vaccination circumstances). If the person's IGRA is positive or if the TST reaction is ≥ 5 mm of induration, medical personnel will refer them for evaluation for active TB and consult with their primary care provider about LTBI treatment.
- (C) If a person has a credible documented past positive TST or IGRA result, medical personnel will not perform another LTBI test. The examining medical personnel will document whether the individual received an adequate course of treatment for LTBI or active TB. If medical personnel conclude that the individual was not adequately treated for LTBI, they will refer them to their primary care provider for a consultation about LTBI treatment. The primary care provider must document the declination of treatment if they conclude that treatment is unnecessary.

3.7 Supplemental Information and Criteria for Evaluating TB Testing and Screening

- (A) Tested for LTBI is defined as an individual has received either a TST, also known as a purified protein derivative (PPD) test, or an FDA-approved IGRA, and the result was submitted for medical review. Either TST or IGRA should be performed, not both.
- (B) Screened for active TB is defined as medical personnel has reviewed an individual's completed NF 57-10-02 or Tuberculosis Risk Screening section of the NHSQ.
- (C) A medical officer must read a TST reaction 48 to 72 hours after administration, measuring the skin induration to the nearest whole millimeter. If a person reports for the reading more than 72 hours after TST placement, record the result as "Not Read" and apply a TST on the opposite forearm. If the person never returns, enter "Not Read" on the appropriate forms, recall the person, and administer another TST.

NOTE: Bacillus Calmette Guérin (BCG) Immunization: Individuals who have received BCG vaccination may have a false positive TSTs. There is no reliable way to distinguish a positive TST reaction caused by BCG vaccination from a reaction caused by an actual TB infection. Therefore, medical personnel should test individuals who have received the BCG vaccine with the IGRA. Medical personnel will refer an individual with a positive IGRA result to their primary care provider for further evaluation and treatment.

- (D) Medical personnel should use an IGRA test on individuals with a history of anaphylactic reaction to the TST.

3.8 Documentation of Testing and Screening for Active and Latent TB Infection

- (A) Medical personnel will complete the following:
 - (1) Record the TST results for LTBI testing on the NF 57-10-02.
 - (2) Record the IGRA test results in the individual's electronic health record.
 - (3) Copy the initial LTBI test to the individual's permanent medical file (and in the ship's medical file for sailing personnel).
 - (4) File the annual Tuberculosis Risk Screening form in the permanent medical file (and the ship's medical files for sailing personnel).
- (B) For initial LTBI testing, an individual may submit a copy of TB test results from their primary care provider in lieu of the NF 57-10-02, if a current negative TST, IGRA, or T-SPOT result (within the past 90 days) is already available.
- (C) Annual Tuberculosis Risk Screenings are valid for 1 year. Personnel are responsible for ensuring they remain current throughout any given project or mission.

4. GUIDANCE

- 4.1 Personnel that are otherwise required to do so, who cannot or do not complete the NF 57-10-01 or NF 57-10-02 will not be medically authorized to serve on NOAA assets.
- 4.2 Personnel that are otherwise required to do so, who refuse a TST, IGRA, or screening form NF 57-10-02 are required to have a chest x-ray and a medical exam. Personnel must forward all associated medical documentation from their primary care provider to their respective medical office (Marine, Dive, or Aviation Medicine, or Commission Personnel Center for NOAA Corps Personnel).

5. RESPONSIBILITIES

- 5.1 Director, Office of Health Services oversees OMAOs's Tuberculosis Protection Program.

- 5.2 Directors of Marine Medicine, Dive Medicine, and Aviation Medicine track, notify and determine clearance for all personnel. The population of each medical program is unique; however, the clearance process is the same for permanent and temporary crew members and non-crew members (scientists, volunteers, researchers, and inspectors). Medical officers assigned to the Medical Affairs Branch of Commissioned Corps Personnel use the same clearance process for NOAA Corps officers.
- 5.3 All personnel must submit a completed and signed NF 57-10-02 and all required documents to OHS annually.
- 5.4 Office of Health Services
- (A) Reviews, manages, and stores all submitted documents and test results.
 - (B) Determines fitness based on TB risk.
 - (C) Communicates fitness information with command, and those in a need-to-know position.

6. REFERENCES

Centers for Disease Control and Prevention: <http://www.cdc.gov/tb>

5 CFR § 339.205 - Medical Evaluation Programs

Army Regulation 40–562

BUMEDINST 6230.15B

AFI 48–110_IP

CG COMDTINST M6230.4G

7. DEFINITIONS

Bacille Calmette-Guerin

Vaccine for TB disease. BCG is used in many countries, but it is not generally recommended in the United States, because it does not completely prevent TB infection. It may also cause a false positive TST result.

Interferon Gamma Release Assay (IGRA)

This blood test can determine if a person has been infected with *Mycobacterium tuberculosis*. An IGRA measures how strongly a person's immune system reacts to TB bacteria. The U.S. Food and Drug Administration has approved two IGRAs: QuantiFERON®–TB Gold In-Tube test (QFT–GIT) and the T–SPOT®.TB test (T–Spot).

Tuberculosis Skin Test

Also known as the Mantoux tuberculin skin test or PPD test. The TST is the standard method of determining whether a person is infected with *Mycobacterium tuberculosis*.

8. NOTES

Effect on Other Documents: Supersedes previous versions of OMAO Policy 1008 – Tuberculosis Policy, and

Marine Medical Manual Chapter 5 Chemoprophylaxis 5-1 - Immunization and
Chemoprophylaxis for the Prevention of Infectious Disease.

DOCUMENT HISTORY		
Version	Description of Change	Effective Date
5.0	Eliminates annual screening or testing for holders of FAA medical certificate and clarifies requirements of annual screening and testing for non-crew members that are sailing (scientists, contractors, volunteers, etc.).	6/13/2022
4.0	Eliminates requirement for annual TST or IGRA test. Implements annual TB risk screening with initial TST or IGRA test for all sailing, flying, or diving personnel.	5/15/2022
3.0	Eliminates requirement for persons with history of positive TST or IGRA to obtain & submit new chest x-ray results every 5 years.	7/23/2020
2.0	Clarifies who completes NF 57-10-02 and when a negative TB test result can be submitted in lieu of NF 57-10-02.	3/11/2016
1.0	Initial Document.	2/21/2014